"MISSIONS ARE THE ACTIVITY OF THE GROWING CHURCH . . . MEDICAL MISSIONS ARE SOMETHING MORE: THE LIVING EXPRESSION OF THE MOTHERLY CHARACTER OF THE CHURCH."

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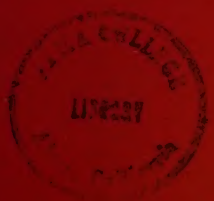
Medical Missions

The Necessity for Medical Missions, Their History, Development and the Many Obstacles to Be Overcome in Their Fulfillment



by

Rev. Pierre Charles, S. J.

Volume 6, Number 5

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"MEDICAL MISSIONS PARTAKE OF THIS STRANGE BLESSING OF THE MEEK, THOSE MEEK WHO WILL POSSESS THE EARTH . . . THEY SPEAK IN TERMS OF MERCY, OF HEALING AND OF HOPE."

A Note on the Author

The Reverend Pierre Charles, S.J., was born in Brussels, Belgium, July 3, 1883. Ordained in August, 1910 he spent two years of post graduate study in the Sorbonne (Paris). He is a Doctor of Philosophy and Theology; professor at the University and also the Jesuit College of Louvain for the last thirty-four years; also professor at the Gregorian University (Rome). In 1939 was guest professor at Fordham University, N. Y. He is the founder of the AUCAM (Association of Catholic Students for Aid to the Missions) and of the FOMULAC (Medical Foundation of Louvain University in the Congo); member of the Royal Colonial Institute, of the International Colonial Institute, trustee of the Colonial University (Antwerp). He visited extensively the missions of Central Africa, (twice) India and Ceylon, and has written some twenty books on missionary and colonial subjects besides some devotional books like *Prayer for All Times* which has been translated into fourteen languages, including Japanese.

The authors of the various studies of the Missionary Academia express their own views, which are necessarily independent of the National Council of The Society for the Propagation of the Faith.

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1.
Introduction

1. In 1673, Cardinal Laurentius Brancati de Laurea published in Rome a bulky commentary on the works of Duns Scotus. The third volume contains some lengthy "Disputations," inserted there as a kind of treatise on the missions in general, one of the first theological essays on this very important question. Brancati was a learned Capuchin; he had held for years a prominent position in the newly founded congregation *de Propaganda Fide*. From him we are able to learn which were the general views about the missions in his time; and they are, as it seems, very different from what we think today on the same subject. For instance, the Cardinal raises the question: Who can be a missionary? And without much ado, to our consternation, he brushes aside with a stroke of his pen . . . all the women, and why? The reason is even more baffling than the answer. Women, he says, cannot qualify for missionary work, because the work of the missionary consists chiefly in preaching the word of God; because preaching requires in the preacher a fair amount of wisdom, and because, according to the authority of Aristotle, womenfolk are conspicuous by their lack of wisdom. *Sapientia communiter non viget in mulieribus.* For the learned Cardinal, the question is settled and the fate of women missionaries sealed. They are, not even politely, expelled from the mission field.

2. We cannot dismiss the case with a smile. This antifeminist doctrine had practical consequences, which are written very large in the history of ancient missions. From 1549 till the total extinction of the Japanese Church under the persecutions of the Tokugawa shoguns in 1630, Japan had not seen a single missionary nun. In the famous *Reductions*

of Paraguay, during 150 years, we notice the same total absence. In French Canada the Ursulines came with Mother Marie de L'Incarnation, but they lived in their convent of Quebec, under strict enclosure. Not one European Sister was shipped to the West or the East Indies. In Mexico, after the Spanish conquest by Hernan Cortez, some Castillian ladies came to teach the daughters of the big caciques, but the whole scheme petered out very soon. The authorities stuck stubbornly to the "principle" that missionary activity was no fit job for women. It is only with the 19th century that this strange barrier began to yield.

3. But in the utterances of Cardinal Brancati there is something more ominous than a general slur cast upon feminine wisdom, namely, the view that the mission is chiefly, if not exclusively, a preaching concern. To propose the Catholic doctrine; to prove its truth, to baptize the converts; nothing less, nothing more. All missionary activities must be brought into line with this only goal. Brancati is firmly convinced that the whole *Magna Carta* of the missions was handed by Christ Himself, when He sent His disciples into the villages of Galilee, and he discusses very seriously whether missionaries may wear shoes or carry a stick; whether they may have a house, since Christ said that they must find shelter and food where they find a good host. The conditions prevailing in Palestine among the Jews in the 1st century are thus extended rashly to the entire pagan world. Needless to say, no missions whatever could prosper on such an agenda. Brancati ignored blissfully the real conditions of missionary activity "on the spot." Nevertheless, we cannot forget that such general ideas were not stillborn. They exerted a pervasive influence upon the various branches of mission work. Even in the 19th century we meet some staunch missionaries who repudiate entirely, for instance, high schools or universities, as irrelevant to the purpose of the missions. Let us preach, they say; what is the meaning for a missionary to preach physics or chemistry? Our chief concern is with the conversion of the pagans, and chemistry has nothing to do with it.

2.

Purpose of Missions

4. In this way, we are confronted with the inescapable problem of the "why" of the missions. What is their purpose? Their aim? or, as the old philosophers put it: their *objectum formale?* Many people will answer promptly: the conversion of souls. They are accustomed to think and to speak of the missions in terms of fishing, hunting or harvesting. To save souls, to wrench them from the claws of the devil, to open to them the door of eternal life, is there anything on earth more beautiful or more meritorious? Quite naturally they resort to statistics. More than a billion souls, actually living in the world and in dire need of salvation; so many thousands baptized here or there! Quantity, figures are the beginning and end, and the slogan commonly used is more or less like the program of the Students Volunteer Movement: the evangelization of the world in this generation.

5. When it comes to first principles of action we cannot be satisfied with beautiful speeches. We must scrutinize and distinguish sharply between what is essential and what is accidental, and the more we consider the salvation of souls the less it appears to fit in with the above mentioned definition of the "why" of the missions.

First, because the salvation of souls is the general business of the Church, and because missions are only a particular aspect of the activity of the same Church. In Rome, in Rio de Janeiro, in Louvain, where I am writing this, nobody would say that the priests or the nuns are missionaries. There long since missions have ceased to exist. Nevertheless, in these very places, all the souls must still be saved, the

soul of the Pope himself, and of the Cardinals too, and of every priest and all the faithful. If missions must have a definition, this definition must express what belongs to missions only. You cannot define a horse by saying it is a four-legged animal. The law of convertibility is absolute in matters of definitions.

Secondly, missions are, by their very nature, a transitional stage of the activity of the Church. There was a time when the world in its entirety, was a misssion field. Big portions of it have since ceased to be mission fields and have been incorporated in the Church as full grown entities. If the business of the missions is described as the salvation of souls, it follows inevitably that missions are to go on, everywhere, till doomsday. This conclusion flouts the strong warnings of the Popes, who urge us to hasten the day when missions shall be brought to a happy end.

Third, the practical consequences of this view are, on the whole, highly mischievous. In fact, this theory is nipping in the bud countless missionary vocations. Why go to Japan in order to save souls while we have plenty of them at hand in our country? What is the sense of running to China to gather a bundle of souls while a full harvest is waiting for you in your own parish? If missionaries do abroad what every parish priest does at home, it is obvious that a formidable competition will arise between the parish, or the diocese, and the missions. They are pitted against each other. They are competing in the same market; and what is worse, in order to obtain a kind of priority for his flock, the missionary will inevitably yield to the temptation of describing his "pagans" as utterly destitute of any spiritual help, as "poor wretches" who in virtue of their *vices* have a claim to be attended first. The missionary does that, not out of contempt, but paradoxically enough, out of love. He won't stress the value, but the objection of his wards. We have suffered enough in the mission fields from this well inspired and misdirected propaganda.

Fourth, (and here we come to our Medical Missions) there is no room in this theory for any activity which does

not concur directly or indirectly in the "salvation of souls."

Fifth, we can perhaps illustrate the whole matter with an example. It happened to myself. For obvious reasons I cannot mention place and name, but I vouch for the authenticity of the story. I had been a little instrumental in the building of a fair-sized and well staffed hospital somewhere in Central Africa. It was in full swing when I came to inspect it. Scanning the statistics, I could ascertain that since the opening of the dispensary the death rate for newborn babies had dropped from 54 per cent to 4 per cent. Of course I congratulated everybody, doctors, nurses, assistants, and afterwards I went to the missionary to pay him a visit. He was astonishingly reticent. He spoke about the weather, the heat, the snakes, the mosquitos, the natives . . . but he avoided any mention of the hospital . I surmised that there was a hitch somewhere and asked point blank: "Well, and what about our hospital?" The answer was delivered like a blow. "Your hospital? To tell the truth, I don't see why they put it here." I suggested, as meekly as I could, that formerly the black babies died like flies and that we had stopped this wastage of lives. "Wastage!" retorted the good missionary, "you call that wastage! I dare say they were all baptized and went straight to heaven. Now it is true, they live. Your hospital saves their body, but what about their soul? Their chance of eternal happiness is growing very small in these pagan surroundings. Your hospital is perhaps a blessing, but a mixed one. Since you came here the number of baptisms has enormously decreased. Hospitals have nothing to do with the missions, no more than railways or electric plants." I had to discuss a full hour, and I am pretty sure my arguments were of no avail. The good man stuck to his pet idea: for him the only task of the missionary was to save souls. A hospital was good, of course, but it was entirely "secular and worldly."

6. Obviously, to understand what Medical Missions mean we must go a little deeper and probe the question. From the point of view of our good missionary, his position was unassailable. But what about the soundnesss of this point

of view? Of course, pea-shooting into heaven souls of newborn babies is a glorious feat and a welcome achievement; but even if going on for centuries, it is unable to change anything in the field of the militant Church and the question arises: are the missions primarily concerned with the Church Militant or with the Church Triumphant? We cannot entertain any doubt about the answer. Theology teaches us—and the words of the Popes back this conclusion—that the purpose of the missions, their specific object, their aim, their *proprium* is the building up of a visible Church in countries where it is not yet done. Through the missions the Church must visibly grow. When and where the Church is visibly and firmly built, the business of saving souls goes on, but the building process comes to an end. There are still many people to convert and there are all the faithful to keep, but missions do not exist anymore.

7. In order to understand more fully what this cardinal proposition means, let us examine some conclusions. First, no more opposition can arise between the parish, the diocese, and the mission fields. The task of building the Church cannot be performed where the Church is already built. Missions and dioceses are not competing in the same market. It becomes impossible to dissuade young recruits, eager to go to the missions, under the pretext that they can do at home the same task as abroad. The tasks are not the same, albeit both are in the service of the Church, and both very meritorious.

Second, it follows that every Christian has an imperative duty towards the missions. When a child sees, he sees through his eyes, and he smells through his nose, and he perceives his sounds through his ears. But when he grows? Growth is not a function of any particular organ. The child grows as a whole: skin, bones, sinews, nerves, altogether at the same pace. If the little finger refuses to grow, the hand is crippled; and if the heart remains satisfied with its tiny size, the child shall die of heart failure. Missions are the activity of the growing Church, which up to the present time has not reached her full stature. She must become co-exten-

sive with the planet. By virtue of baptism every Christian today is a member of the growing Church. Therefore, he has the duty of contributing to this growth. It is a duty towards the Church and through the Church towards God Himself.

Third, the approach to the "pagans" will be freed from any necessity to debase them. We are no longer obliged to treat them as poor wretches, as nearly hopeless cases in order to set in motion missionary zeal. On the contrary, those people, with their good and bad qualities, are looked on as the material which will enter into the building of the Church. If they are good, so much the better. In order to enter into the Church it is not necessary to have been formerly a scoundrel or a scamp. All the human values of the non-Christian cultures must find their place in the kingdom of Christ.

Fourth, Medical Missions do appear as perfectly in line with the proper aim of the missions. Let us stress this point.

8. If the sole concern of the missions is to save souls, it is obvious that many social problems are, if not entirely irrelevant to this aim, at least connected only in a precarious and accidental way with it. One can save one's soul, if one is economically destitute. Nay, the poor, as the saying goes, enter more easily into heaven than the well-to-do. From the point of view of the missions, therefore, no vital necessity can be claimed to start social works in order to raise the standard of life of the people. One can save one's soul though being quite illiterate. Nay, it is a fact that ignorant folk are more easily won to the Faith than learned scholars and university dons. Therefore, the missions could not advocate, as such, any extensive school system. Catechism alone would suffice, and as for universities sponsored and maintained by the missions, they are useless luxuries. We should speak of them in terms of conversion, and it is notorious that, from this point of view, they yield only poor results. One can save one's soul, in spite of being very ill. Nay, every soul, when saved, is saved only when the man dies. Therefore, the mission as such can flourish in plague stricken countries. Much more, it is a fact that very often it thrives

on illnesses. The harvest of souls is never so promising than in times of deadly epidemics. Why build hospitals to stop the flow of souls running through baptism to eternal happiness? You may say that it is an act of charity. It is, of course; but the relation to the scope of the mission is only an indirect one. To build a railway and carry the travelers free of cost is also an act of charity. Would you maintain that it is the business of the mission? I don't see how we could logically stave off these conclusions, as long as we stick to the principle that the proper aim of the missions is to save souls. But if, as we saw before, their aim is the building up of the visible Church, the objections lose all their strength.

9. You cannot build a permanent and stable Church in countries where people are utterly destitute. A moderate amount of wealth, even of comfort, is necessary to relieve a Church of the necessity of living from hand to mouth and of depending entirely on foreign assistance. A beggar Church has no future. The economic problem must be squarely faced, and when the mission tries to solve it satisfactorily, it is actually and properly fulfilling its aim. In the same way, you cannot build up the Church among illiterates. The Church must have her own clergy. Illiterate people cannot be ordained. When the mission organizes a school system, it discharges its proper duty. It is not something accidental but entirely essential for the building up of the Church, just like bricks and mortar for masonry. Now, the same reason prevails, and more immediately, when we come to the health of the people. Where everyone dies, the Church also dies, as it was the case in the Lower Congo, between 1900 and 1911, with the sleeping sickness carrying away to an untimely death the entire population. And where the people are without efficient protection against the onrush of epidemics, where the babies die at the rate of 60 per cent the first twelve months of their life, how can you build a strong Church and rear Christian families? From the mere point of view of the scope of the missions, medical welfare appears, therefore, as an absolute requisite.

3.
Church A Mother

10. As the faithful well know, the Church is not only an organized body, with priests, bishops, canon law, and red tape; as the first Christians put it, and as we repeat it with the utmost conviction of our faith, the Catholic Church is a *Mother*. Sometimes we are tempted to treat this word just as a poetical expression. It is much more. It depicts exactly the true nature of the Church, as a permanent and effective manifestation of Divine love. Now, it is obvious that a mother does not only care for "the virtues" of her children but for their general welfare. A mother sitting complacently inactive, while the little ones are starving or ailing, and comforting herself with the thought that their souls are all right, is not a mother but a monster. True love is never indifferent to the needs of the beloved. Therefore, we have not said the last word about the Medical Missions when we have shown that they are more or less necessary to keep the material out of which the Church is being built. Medical Missions are something more: the living expression of the motherly character of the Church, and therefore, even in countries like Japan, where medical care and hygiene are provided by the State or by secular agencies, it is imperative for the Church to establish her own hospitals, to nurse the sick and to show real interest in the bodily welfare of the people. A mother cannot discharge her responsibilities by proxy.

11. Furthermore, we must bear in mind that the chief problem of the missions is not, properly speaking, to "convert" people. Conversions are brought about by God and God only. The chief problem of the missions is a problem of approach. We must prepare the ways of grace, lead people

"into temptation to believe, and like John the Baptist open the path" for Him who will come, the only Master and Lord. Now this path must go very deep and very far, to the innermost depths of the soul, reaching the point where man chooses and decides for himself and throws the dice of his eternal fate. Nobody can compel the freedom of man. Even the stern voice of authority is powerless to achieve this task, because authority, to become efficient upon the will, must first be freely acepted, like every rule. Medical Missions provide a wonderful entrance for the grace of God into man's soul, because nobody is indifferent to his health; because illness does away with much resistance and leads to some kind of submission; because a doctor or a nurse can easily win the confidence of the patient; and because the whole of their activity is entirely and visibly pointing to "service." All this must perhaps be stressed a little more.

12. There are only two forces in the world capable of bringing about changes in the behavior of man. The first one we call authority, which preserves unity and wards off the disruption of anarchy. The function of authority is to keep order, *unitas plurium*. But we must bear in mind that the line of authority is vertical. It comes from above, from superior to inferiors, and authority is always armed. It speaks in terms of command: you must, you ought . . . and enforces its precepts with threats and penalties. Therefore authority, very often, is rather dreaded than liked. People when confronted with the rod or the stick or the sword of authority are prone to keep their distance or to run into the bush. When they comply with the summons of authority, they do it out of necessity, or out of a sense of duty, and very seldom, as happens in the case of the saints, with real joy. Authority as such has no smile or fun. It is cheerless like every law, and, therefore, it appears as a poor weapon to elicit a glad and enthusiastic response. Missions ruled only by authority are unspeakably dull. Fortunately, besides authority, there is another force, working unobtrusively among men. We call it "influence." Influence is disarmed, and for this very reason disarming. It does not operate along vertical

but along horizontal lines. It spreads from like to like. We have the influence of the student on the student in the universities, of the bricklayer on the bricklayer, of the plain soldier on his neighbor, etc. Influence makes for companionship: it is the soul of public opinion. It seems very weak, because it carries no weapon and is devoid of any authority. But is there in the world anything more disarmed than a book? You may buy it or not buy it, read it or leave it in the dust of the library, sell it, burn it; it will not protest nor scream nor sue you. Nevertheless, nobody can fathom the formidable influence of the printed word. The same with moving pictures: they attract because they never command. And who after God is the most powerful? Is it not perhaps the Blessed Virgin, because, devoid of any jurisdictional authority, she attracts without inspiring fear?

13. Medical Missions partake of this strange blessing of the meek, those meek who will possess the earth. They, too, attract without any compulsion; they draw people from nearby and from afar, because, like the Church and through the Church, they speak in terms of mercy, of healing and hope. To say this is not to indulge in fanciful literature, but to point to the bedrock of our Catholic theology. The motherly gesture of the Church is nowhere so much in evidence as it is in the hospitals to be found scattered all about the mission fields. The doctors and the nurses there, in order to justify their missionary activity, are not requested to mix sermons with their drugs, nor to catechise before operating, not to indulge in pious talk. Let them perform their medical tasks; it is absorbing enough. The cooks in the army are soldiers. During the battles, let them busy themselves with corned beef and potatoes. They are warriors all the same even without firing a shot. They know only the fire of their kitchen and they also, like the rest of their comrades, win the day and get medals. It would be entirely preposterous to think of Medical Missions as a makeshift to obtain results elsewhere than in the medical field.

4.
Protestant Missions

14. And now, we must tackle another problem. At first sight, it looks like a scandal. There is nothing to be gained by ignoring it. To put it bluntly, we have to recognize that up to recent years, Protestant missions in the world were far ahead of Catholics in the matter of medical welfare. Their hospitals outnumber ours out of all proportion. Let us take, for example, two dates: 1900 and 1925. Between those years the doctors attached to Protestant missions increased from 719 to 1,155; among them women fully qualified as doctors increased from 223 to 326. Take now the figures of the doctors in the Catholic missions, according to official statistics of Propaganda Fide in 1933: Oceania with the Dutch Indies 9; the whole of Africa 30; the whole of China 100; India 37; and in some missions of America 7, totaling 183. We may quote the very words of the official *Guida delle Missioni Cattoliche,* (Page 662)

> Till 1914, the work of Catholics in the field of medical missions was confined to the efforts of a few individuals, men and women doctors who for some years put themselves at the disposal of some missionary society, or, after their studies, entered the novitiate, if we except a few cases where some missionary congregation was bold enough to train in medicine at their own expense some candidates.

What is the reason of this strange discrepancy between Protestant and Catholic missions?

15. The thing seems even more unaccountable when we bear in mind the part played by medicine in the history of the expansion of Christianity. In the gospels Our Lord appeared not only as a preacher after the current pattern of the Greek philosophers or of the Jewish casuists, but posi-

tively as a healer. This healing ministry was, by His own command, part of the activity of the disciples: *infirmos curate,* and in the book of the Acts we see it in full operation. Of course, the gift of miracles ceases very soon to be a regular endowment of the missionaries; but St. Luke himself is a doctor: *medicus carissimus.* In his writings we are able to detect not a few "touches," which betray the trained physician. We must remember that from the 1st to the 5th century the medical profession was held in high esteem throughout the Roman empire. Antoninus Pius, the Emperor, had bestowed a fair amount of civil privileges upon doctors. We can hardly be surprised to find qualified doctors among the Christians of the time: Alexander, for instance, a genial and staunch defender of the Faith, put to death under Marcus Aurelius in Lyons; or Proculus, who was the personal physician of the Emperor Septimus Severus; or Cosmas and Damian, martyred under Diocletian. But what strikes us more is to discover that priests and even bishops were, at the time, practising physicians. Eusebius tells the story of Zenobius "a famed doctor" and a priest who died as a martyr in Antioch (Phrygia) under Diocletian. St. Epiphanius speaks of the Bishop of Tiberias (Palestine) who was called by Ellal (Hillel) the patriarch of the Jewish community, because he was a very clever doctor. Joseph, the bishop, succeeded in baptizing the patriarch. It seems to be beyond doubt that a fair percentage of the clergy belonged to the medical profession; and even in the monasteries we find men, like Cassiodorus, enjoining the monks with the study of Catholic doctrine,—to study the works of Hippocrates, Galen, Aurelius Coclius, etc. The monks had to be trained as physicians.

16. If we jump over some ten centuries we find, for example, in Japan about 1560, Father D'Almeida, a Portuguese Jesuit and a doctor from the medical school of Lisbon, building and running a big hospital with a Training Institute and countless patients. D'Almeida was firmly convinced that the Medical Mission was the cornerstone of the Catholic establishment in Japan. For years he worked as a surgeon

among the Japanese and endeared himself so deeply to them that even the pagans brought pressure upon his superiors to have him ordained as a priest (he was a lay brother), and won their case.

17. In Annam, in the 17th century, the Jesuit Alexander de Rhodes started the big drive for Catholicism, chiefly through his "catechists." They made the three vows of religion, were properly trained in medicine, and went about as doctors and teachers, living on the fees offered to them by those who were treated. The whole scheme worked magnificently. How can we explain that after some years it petered out and that Medical Missions, in all parts of the world, suffered such a setback that they practically disappeared? The question has not yet been thoroughly investigated but we can, at least, ascertain some facts which throw light on it and dispel some prejudices.

18. The first fact is that the coldness towards medical missions did not originate in the missions themselves. On the spot everybody was in favor of them. The missionaries saw their necessity and their glorious results. The objections raised against them did not touch the essentials, as, for instance in Japan, where some Fathers and even some Christian Japanese pointed to the fact that the Almeida hospital was crowded with victims of venereal diseases and that it became a current saying among the pagans to identify Catholics and syphilitics. The crushing objection came, in fact, from the headquarters in Europe. Why? History will explain the case.

19. In the first centuries the Church, of course, had no endowment whatever. The maintenance of the clergy and the expenses of the community had to be met, not out of fixed revenues, but out of alms and personal earnings. We see the councils of North Africa enjoining the priests and the bishop to the exercise of a craft, *artificio victum quaerat.* They must till the soil, raise cattle, or win their bread through some activity not incompatible with their religious duties. Bishops are warned not to sell their cattle themselves

in the public market. Keeping a shop was considered unbecoming. Lending money was prohibited. The choice of the proper craft was difficult indeed, and nobody would be surprised that the medical profession, highly respected, providing an easy entrance into the houses of the pagans, was resorted to. But, when, under the Christian emperors and kings, with land and tithes and endowments the Church found some wealth at her disposal, canon law stepped in, and in order to avoid unfair competition with laymen and to ward off any temptation of greed, forbade not only commerce (negotiatio) but even the practice of medicine to the clerics. This prohibition became more and more absolute and crystallized in the idea that the medical profession was "unbecoming" for a priest or a monk. For centuries it was looked upon as a specialty of the Jews, for the Jews, trained in the medical lore of the Arabs, were not slow in occupying the field which the Christian scholars disdained. With the foundation of the big medieval universities the situation grew worse, because the students were nearly all clerics and because with a degree in "arts" or in "law" they could get an appointment to some ecclesiastical benefice, while with a degree in medicine, they got nowhere. The canonists went even further. They discovered that there was an "irregularity" even in a casual homicide and that an irregular cleric is forbidden to use the powers conferred on him through ordination. Now, they say, a doctor, or much more a surgeon, may kill his patient unknowingly and unwillingly. Such cases seem to them to fit perfectly into the definition of the *"irregularitas ex defectu"* and they clapped this conclusion on the head of the clergy. This legislation being universal was quite naturally extended to the mission fields, and we can see, documents in hand, how it crippled in twenty years in Japan the medical activity of de Almeida and his hospital. At the end, after a protracted exchange of letters between Japan and Rome, he had to give up and entrust the whole business to some half-trained Japanese laymen. The same came to pass with the catechist

doctors of Father De Rhodes. On account of their vows they were ranked among the Religious and the prohibition was extended to them.

20. We are not qualified—none of us—to pass judgment on the legislation of the Church. What we can gather from an impartial perusal of the historical records is quite enough to do away with the objection that the missionaries, focusing all their interests upon the spiritual welfare of their people, were blind to the distress and the ailments of their bodies. Even the stern rule of the Church forbidding the clerics the actual exercise of the medical art was dictated by the desire —perhaps a little overstrained—not to enter into economic competition with the laity.

5.
Medical Problem

21. But when all is said and proved, the fact remains that in spite of recent and urgent warnings and calls to action coming from the Holy See, our Catholic missions are still under a severe handicap in matters of medical activity. We have there many Sisters with good training as nurses; not a few missionaries have acquired by themselves some knowledge of medicine, especially of hygiene and prevention of diseases. However, let us quote at some length the words of Monsignor Mario Zanin, former Apostolic Delegate in China, who had first-hand experience of the needs of the missions and full authority to speak on their behalf.

> Missionaries, Brothers and Sisters who have received some kind of training in nursing, can do excellent work, but it should be under the supervision and direction of a doctor. Some medical works have been started impractically. One finds dispensaries full of medicines; hospitals with excellent operating rooms, but where is the doctor? Where is he who has studied these things and whose knowledge has been testified to by competent professors? Where is he who before the law and his conscience can shoulder the responsibility to prescribe medicines and to undertake surgical procedures? The work of a good doctor in a mission would mean competency, safety, esteem, economic advantage, and chiefly, his cooperation would lead to good religious and moral results. In addition to their professional knowledge the doctors employed by the missions must have good philosophical and moral training . . . many Chinese doctors educated in their own country or abroad have quite a materialistic philosophy. One meets among them, some who under the pretext of eugenic and social progress give dangerous advice and who even go so far as to recommend

illegal operations or to teach immoral practices, thus favoring the breaking down of discipline and morals.

22. From these words, whose weight nobody could deny, it appears that, even with a considerable or total relaxation of the rules of the Church about the prohibition to priests to practice medicine, the medical problem of the missions would remain. Today medicine has ceased to be a kind of side-line. With a smattering of medicine, one does more harm than good. On the other hand, the studies for the priesthood are far longer than before. Father Ricci, in the 16th century, could study theology aboard the ship which carried him from Lisbon to Goa and passed brilliantly his examination a few days after landing. Nowadays things have changed. Studies in medicine including the pre-medical and medical courses take seven or eight years in all good universities and two, three or four more years of post graduate studies to qualify as surgeon or specialist. Let us put the whole course at ten years. Philosophical and theological studies take seven years. With two years of novitiate it makes nine. Starting in a university at the average of eighteen years, (in Europe) a priest would be qualified in theology and medicine at the age of thirty-seven, having, after his novitiate, studied continuously and passed examinations for seventeen years! Obviously, this is a case for the chosen few. Under such a heavy burden many would break down or would be at the same time bad theologians and bad doctors. We must face the truth that, barring some extraordinary cases, the training and the life of a priest and of a doctor are not reconcilable in the same person. Each of these vocations takes hold of the whole man. You cannot mix oil with water. Out of this difficulty there are only two possible escapes: the lay doctor, be he man or woman, and the Sister doctor, both unimpeded by the necessity of long philosophical and theological studies. Let us briefly consider both.

23. Theoretically speaking, a lay doctor could be conceived as a kind of "oblate" working for the mission more or less like the "knight-soldiers," and the "armed brothers

of the Sahara," who were a dream more than a creation of Cardinal Lavijerie. Without belonging properly to the religious personnel, they would out of love for God undertake the medical work in a spirit of perfect poverty, satisfied with the bare upkeep they get from the mission: shelter, food and clothes. Experience has taught that, but for scanty exceptions, this simple and lofty ideal is doomed to failure. I have, myself, witnessed some of them. The missionary, even in a forsaken post, is backed by the congregation whose member he is. He has superiors, brethren, the possibility of going back to them in times of difficulty: in short, he is never left alone and he knows it. But the lay doctor may well dine at the table of a missionary Community, he is never one of them. Loneliness tells on his nerves. In Central Africa, for instance, where all year round, night comes at 6 o'clock in the evening and lasts till 6 o'clock in the morning, what can a lay doctor do in his little cottage by the light of his kerosene lamp, with mosquitos swarming around after the day's exhaustive work, with nobody to talk to and turn to. By and by, his powers of resistance give way. For him, as for the first man, the word of the Creator holds true: It is not good for man to be alone. Of course he can pray, but prayer is not a substitute for everything, a kind of universal *ersatz*. After a term of two or three years, nearly always, the good lay doctor packs up and goes, often with a broken heart and, in his mouth the bitter taste of undeserved failure. Who could blame him? When he is married the odds against him are perhaps heavier. I have heard their complaints or their scruples. "I cannot foist upon the mission the upkeep of my growing family. I must care for the future of my wife and of my children. If I die, or become disabled, who will take care of them?" Of course, allowance must be made for a few exceptional vocations, but generally speaking, the type of lay doctor living without proper pay as a member of the Community without being really one of them, cannot be expected to be the general set-up.

24. Let us now consider the case of the lay doctor, practically employed by the mission, with full pay, pension, etc.

It has one advantage and two drawbacks. The advantage is obvious: the doctor can "stay." Nothing is more harmful to a medical mission than the instability of the staff. To get acquainted with the native people, to win their confidence, to speak their language, to know their superstitions, their unreasoned fears, their religious customs requires years of contact. A mission doctor, even when technically qualified, comes to the mission as an apprentice, and his efficiency increases as time goes on. The drawbacks of the system are, nevertheless, very real. First, the financial burden, when shouldered by the mission, may prove too heavy. In the Belgian Congo, for instance, the State pays to the doctors a little more than $5,000 a year, plus a house free of charge and, of course, the expenses of the journey, the return ticket after three years and six months. It is true that the mission could leave to the doctor the fees of his patients, but in this case the poor wretches of the bush, those who are more sorely in need of medical attendance, would be neglected because they can pay nothing, as I know from personal experience. I happen to know something of the terrible straits of the missions. Sometimes at the cost of heavy sacrifices they can afford to build a decent hospital, but the ever recurring difficulty lies in maintaining it, that is, staff it with doctors and nurses and supply medicines, food, etc. The budget of a single hospital in Katana (Central Africa) with two doctors and six nurses, 300 beds and 11 rural dispensaries for outpatients, runs into $100,000. Second, the employed doctor must be trained in advance if he is to collaborate really with the mission. This necessity prompted, for instance, the creation of the Medical Mission Institute of Würzburg. Msgr. Becker, the founder, saw very clearly that the whole mentality of a mission doctor should be something else and more than merely professional. His life, his outlook, his aims, his loyalty must be missionary. Würzburg, for the last twenty years and in spite of the handicap of two world-wars, has rendered yeoman's service in this respect. Whenever the religious formation has not been coupled with technical training, the medical doctor has too

often proved a failure.

25. This does not mean that we should discard the lay doctor. Far from it! Dr. Ajoulat, a Frenchman, member of the Ad Lucem, married and now deputy in the Paris Parliament, is an instance, and a very brilliant one, of what a lay doctor can achieve in the mission field. He worked for years in the French Cameroons. Many of the doctors sent to the Belgian Congo through the A. M. M. (Aid for the Medical Missions) have highly satisfactory records. The same may be said of the doctors of the Fomulac (Medical Foundation of Louvain University for the Congo).

6.
Sister Doctors

26. In view of the immense necessities of India, China, Africa, etc., and bearing in mind that mission doctors should be an institution rather than a succession of persons, it is impossible to deny that an unlimited future awaits the Sister doctors. We speak of real Sisters, be they in the garb of nuns or in plain clothes; be they members of a religious congregation of those lay associations, which the Holy See, a year ago, recognized as religious bodies, partaking of the canonical privileges of nuns. Even members of the so-called lay institutes are not free lancers. They take the three vows. They belong to a society. They have their superiors; but for reasons of adaptation they make their novitiate anywhere. They need not wear any special dress, appearing just as good Christian women. The woman doctor is a necessity in Moslem lands, especially in India where seclusion is stricter than anywhere else. There the greater number of Moslem women are still forbidden to be seen by men except those of their own immediate household and, to a great extent, are left to the incompetent care of well-meaning but dangerously ignorant midwives. The absence of a woman doctor means for many of them and their babies a sentence of death. In Africa, in Burma, and in Buddhist countries, the same "taboos" do not prevail, but I can testify that a woman doctor there is much more welcome than a man. In spite of the current idea about the lax morals of black women, the facts point to the evident conclusion that they are very reluctant to resort to a male doctor for childbirth and that they accept enthusiastically the attendance of the nurse or of a woman doctor. Nobody who has been in close contact with the people in the mission fields will deny

that the call for women doctors there is heart-rending. If we had some hundreds of them, they could be sent at once and put to work immediately with astonishing results. I saw in Africa some maternity hospitals which in two months trebled their population only because a black Sister trained as a nurse was put in charge of the clinic. Expectant mothers, who journeyed four or five days, avoided a nearby hospital where men were operating, to go to the hospital where the "native sister" was.

27. The chief, nay the only difficulty, which blocks the way to the full use of the woman doctor in the missions is to be found not in the mission fields, but in the old prejudices of our own countries. Women have had to fight stubbornly to get entrance into the medical profession, and even now they work more or less under severe handicaps, depending on the country. Sir William Jenner, a century ago, declared that "he had but one dear daughter and would rather follow her to her grave than allow her to take a course of medicine." Elizabeth Blackwell had to apply to twelve universities before being admitted to the school of medicine in Geneva, N. Y. She graduated in 1849 as the first woman doctor in modern times. The Women's Medical College of Penna., founded in 1850, was literally cursed—professors, students, former students, all together—by the Protestant authorities. Dr. Elizabeth Shattuck, graduated in 1864, was unable to go to the missions because *all* the boards of the Protestant societies turned her out for the only reason that she was a woman. In England, we have to wait until 1876 for Parliament to permit access to medical schools by women.

28. When it comes to admitting women doctors in the mission fields, we meet much the same difficulties under the cloak of various fears. "The medical task is too hard for women," which is obviously a silly joke in the mouth of those who will not hesitate to engage full-time nurses. "It is unbecoming for a Christian woman to give medical treatment to male patients," which is just some more nonsense, since all nurses are attending such patients and are requested

to do it. "It is unfair for women to compete with men and throw them out of their jobs," which is an incredible exaggeration when we consider the dreadful scarcity of mission doctors and the immensity of the mission fields which could swallow hundreds and hundreds of them without any danger of overcrowding or overlapping. "The medical studies are too much of a strain for girls; they injure their health and make them neurotic." This is a wholly unwarranted assertion as shown by experience.

29. In spite of all these objections, the movement has been started. On February 11, 1936 the Sacred Congregation of Propaganda issued an Instruction urging the creation of religious congregations who would devote themselves mainly to health work in the missions. To prevent mistakes, the Instruction directs unambiguously that these new duties demand a proper technical and spiritual preparation. Also, it states definitely that the Sisters should obtain diplomas as doctors and nurses. Moreover, and this is the most promising omen for the future, we have already in the Church at present Congregations or religious Societies of Medical Mission Sisters, qualified not only as nurses but as doctors, operating hospitals and dispensaries and spreading, to the utmost of their possibilities, to the missions of Asia and Africa. The pioneer of them, the Society of Catholic Medical Missionaries, popularly known as Medical Mission Sisters, founded in 1925, originally without public vows in order not to be debarred from practicing medicine in its full scope, including surgery and obstetrics, is one of the glories of America. It is needless here to tell the story of its beginnings: the stubborn effort of Doctor McLaren; the way in which Doctor Anna Dengel (now Superior General) stepped in just in time after the death of Doctor McLaren; the foundation of the first hospital in Rawalpindi (India); the approbation given by the highest authority in Rome; the transfer of the Motherhouse from Washington to Fox Chase, Philadelphia; the change to a congregation with the first public vows of poverty, chastity and obedience before Cardinal Dougherty on August 15, 1941; the postulate es-

tablished in London in 1932, a new Novitiate in Heerlen (Holland) in 1939; the hospitals of Patna, Dacca, Mandar and Karachi (India); the beginning of medical work in Africa (Gold Coast), etc. Calls are pouring in from countless Apostolic Vicariates in Asia and Africa for new foundations. Even with ten times more Sisters, the Society could not cope adequately with the appeals from everywhere.

30. In Ireland (Dublin), Mother Marie Helena Martin, who took the name of Mother Mary of the Incarnation, founded in 1937 the "Medical Missionaries of Mary." The society now operates a hospital, maternity clinics, a bush motor dispensary and a leper village colony in Nigeria, all with outstanding success. In New York, a new Community, The Daughters of Mary, Health of the Sick, founded by Reverend Edward Garesché, S.J., are connected with the Medical Mission Board since 1936. As a result of the recommendation and permissions granted by the Instruction of February 11, 1936, many older and well established Communities of Sisters have taken up medical missison work with great zeal. One can predict safely that once on the move, the medical Sisters will not stop and that in many Catholic countries the example of the pioneers will be followed. Maybe the time is not very far when medical missions will be carried on chiefly by women. It will be the same at the bedside of the suffering children of God as at the foot of the Cross: three women to one man. The proportion will be the same.

7.
Medical Missions Urgently Needed

31. Before concluding we may perhaps, in a general survey, give an idea of the tremendous task and the urgent necessity of medical missions. I quote from a report on China:

> It is known that in China the death rate is four times that of Western countries. One hundred fifty million people are afflicted with trachoma, explaining why one-third of the world's blind are in China. Eight per cent are affected with tuberculosis and the majority of the estimated million lepers are neither segregated nor treated. For the 16,000,000 sick on any day, there are only 12,000 doctors and 38,000 hospital beds. To even approximate western standards, not taking into account the much higher incidence of disease, there should be 300,000 doctors and 2,000,000 hospital beds.

Besides, we must not forget that if some regions of China are overcrowded to an appalling degree, in others the population is widely scattered, the distances very great, the roads non-existent or impossible and that, therefore, the efficiency of a traveling doctor cannot be measured by Western standards. India is another immense field, with 400,000,000 souls. In a general survey, published after the war, Surgeon General Hance gave the present number of doctors as 42,000 and the need as 200,000. I am personally inclined to believe, after having checked these figures, that the first one is far too big and the last a little too thin. One cannot count as doctors the numberless quacks who parade as doctors and treat patients according to the old magic prescribing a pinch of cow dung to cure appendicitis or the wearing of a copper comb to restore eyesight. Nurses are 7,000—needed 778,000;

number of trained midwives 5,000—needed 90,000; dentists 1,000—needed 120,000. The average expectancy of life is twenty-seven years (in U.S.A., sixty-four years). Half the children die under the age of ten. Malaria claims 1,000,000 deaths a year. Maternal mortality is notoriously high. Cholera, plague, smallpox, dysentery, tuberculosis are rampant. Wherever a hospital or a dispensary is opened, it is literally stormed by the sick. Africa is not only full of mysteries but full of diseases. The average death rate of the native infants in Black Africa is generally given at 40 to 60 per cent. In some tribes it reaches as high as 80 per cent. I may perhaps be allowed to quote from my own notebook. The data is from the register of a good hospital in the Belgian Congo, in a region not particularly "bad." The expectant mothers coming to the maternity ward were asked about the number of their children. These are the answers: 7 children, 6 dead; 4 children, 4 dead; one child, still living; nine children, 8 dead; 7 children, 5 dead; 3 children, all dead. . . . The evidence that the physical constitution of these black babies is good lies in the fact that with medical attendance they live and thrive. The immense majority of those who die prematurely could be saved. In Africa, malaria is everywhere and yaws too. Venereal diseases prevail in the large town areas. Sleeping sickness has been brought under control. Yellow fever remains always a danger. In Africa, too, the medical mission field is unlimited.

32. The work is not only unlimited, it is particularly difficult in missison countries. People there are often at the beginning rather apprehensive. They have misgivings about the "white fashion" of treating illness. If you start a hospital, be careful not to admit, during the first months, the hopeless cases brought to you from the bush. I know a medical mission which failed completely in Africa for having discarded this warning. What happened? People from distant villages carried their sick to the hospital only when "the medicine men" had tried everything and were at a loss. There was nothing more to do. The damage done was beyond repair. One or two days afterwards the carriers, in

a very sad mood, repaired to their village, and were eagerly asked about the patient. Dead, they said, stone dead! White medicine killed him. When the same story is told many times, when among the sick brought to the hospital the majority never return to their people, the hospital appears to the people as a kind of sinister slaughterhouse. All the superstitious fears are aroused and the confidence once lost is not easily regained. The best way at the start is to treat only the common diseases, chiefly yaws. With a few injections the man suffering from yaws is externally at least restored to health; all the swellings have disappeared. It looks like a miracle. When the confidence of the people is firmly rooted, you may tackle the serious cases and if you fail nobody will grumble. On the contrary, they will entreat you to give them some injection to give them more vigor. In some regions of Africa we could almost speak of an "injection complex." External medicines, bottles and pills seem to the Negroes second rate remedies. Sometimes they even take a fancy to the lancet. I remember six old Negroes coming all together to the hospital of Djuma (Congo). They had traveled three days and, bowing politely to the doctor, they said calmly that they had come "for an operation." "Well," said the doctor, "which one of you needs an operation?" "All of us," they said. "What! The six?"—"Yes"—"And what is your complaint? Head, stomach?" "Doctor, we don't know; that is for you to tell, but we want to be operated to get more strength." The doctor had to talk for a quarter of an hour to convince them that the case was not ripe, and that they should be satisfied with a strong injection . . . of pure water.

33. Even with pills one has to proceed cautiously. Don't give a box of pills for a sore throat. If the man does not believe in this queer remedy, he will thank you, receive the box with both hands cupped (that's the rule of courtesy) go away and throw the box into the next river. And if he believes in your pills, it is still worse. He is firmly convinced that some powerful "influence" against the evil spirits is enclosed in the box. To swallow the pills is to destroy the

influence. The man will bury the box under the threshold of his hut or in the straw of his thatched roof. In this manner the evil spirits will be blown up or bombed from above if they creep into the hut, and all the family will sleep in peace. The mission doctor must understand sympathetically the people who surround him, be infinitely patient, like them as they are, in order to make them better; not believe in the white fashion of "getting rid" of tiresome beggars. He must bear witness to the divine compassion of the Redeemer of all mankind and, like bread, be glad to disappear in helping the needy.

34. As a conclusion, we may soberly say that today medical missions are of paramount importance. They are the best way of approach to the heart of the people, and one, at least, of the best ways to carry home to pagan minds the motherly character of the Church.

Questions

1. What is the proper aim of the missions?

2. Are medical missions conflicting with this aim?

3. What is the real purpose of medical missions?

4. Can they be justified otherwise than as a sideline?

5. What is the chief problem of the missions?

6. Can you explain how the meek shall possess the land?

7. Is there any way in the assertion that Protestant missions care more for the welfare of the people than the Catholic ones?

8. How can you explain the disparity between the number and size of Protestant and Catholic medical missions?

9. Can we content ourselves in the missions with good nurses?

10. What is the real meaning of the ecclesiastical prohibition of the practice of medicine for clerics?

11. What are the possible types of missionary doctors?

12. Can you weigh the advantages and drawbacks of each?

13. What are their handicaps?

14. What is the role of medical Sisters?

15. What are their main achievements up to now?

16. Can you depict broadly the medical situation in China?

17. And in India?

18. What about Africa?

19. Give some glimpses of the difficulty of the task.

20. And of the necessity of medical missions.

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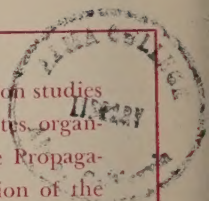

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